

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION**

## FOOD ESTABLISHMENT RISK CONTROL PLAN (RCP)

You must complete and submit a plan of action to prevent any further violations.

FAILURE TO SUBMIT AND HAVE PLAN APPROVED COULD DELAY THE RESTORATION OF YOUR ESTABLISHMENT.

Please reply to each Observation/ Area of concern that effects your establishment and provide detail responses of the efforts to be taken to control the issue. Must include time period (for how long) correction actions will be in effect. Must maintain a log of actions to demonstration plan is in effect.

ALL RESPONSES MUST BE TYPED

Use additional sheets if needed. Be sure to include establishment name and address on additional sheets.

Establishment Name:		Type of Facility:	Facility Code:
Physical Address:		Person in Charge:	
Zip:	Email:	Telephone:	
Inspection Time In:	Inspection Time Out:	Date:	
Inspector's Name (Print):		Inspector's Signature:	
<b>Cold Holding Requirement For Washington, DC:</b>			
[ 5° C (41° F) <input type="checkbox"/> ]    or    [ 7° C (45° F) <input type="checkbox"/> ]    or    [ 5° C (41° F) and 7° C (45° F) combination: <input type="checkbox"/> ]			

**The following risk control plan is recommended to establish active managerial control of the identified uncontrolled hazards.** *(For unmet critical limits, the plan delineates what needs to be controlled and how it will be controlled, along with necessary records and responsible personnel. It will also indicate what training is necessary.)*

Comments:

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As the person in charge of the establishment, I have reviewed, and understand the provisions of this voluntary Risk Control Plan.

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(Person in charge Signature)

(Date)

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**Based on the inspection recently conducted, the following uncontrolled hazards known to contribute to foodborne illness were identified.**

*(Uncontrolled hazards include the occurrence of any risk factor or lack of public health interventions as described in the Food Code.)*

**RISK FACTORS IDENTIFIED / CORRECTIVE ACTION REQUIRED**

<b>OBSERVATION</b>	<b>UNCONTROLLED PROCESS STEP OR CCP</b>	<b>HAZARD (most common)</b>	<b>CRITICAL LIMITS</b>	<b>CORRECTIVE ACTION WHEN LIMITS ARE NOT MET</b>
<b>1. Improper Handwashing</b>				
<b>2. Improper Food Temperatures</b>				
<b>3. Contamination of Equipment</b>				
<b>4. Contamination of Food</b>				
<b>5. Proper use of Equipment, Utensils</b>				

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<b>RISK FACTORS IDENTIFIED / CORRECTIVE ACTION REQUIRED (CONTINUED)</b>				
<b>OBSERVATION</b>	<b>UNCONTROLLED PROCESS STEP OR CCP</b>	<b>HAZARD (most common)</b>	<b>CRITICAL LIMITS</b>	<b>CORRECTIVE ACTION WHEN LIMITS ARE NOT MET</b>
6.				
7.				
8.				
9.				

Reviewer's Comments

Reviewer's Signature: \_\_\_\_\_

Reviewer's Name: \_\_\_\_\_

Date: \_\_\_\_\_